NRC FORM 591M PART 1
(07-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

SAFETY INSPECTION REPORT AND COMPLIANCE INSPECTION

1. LICENSEE/LOCATION INSPECTED:	2. NRC/REGIONAL OFFICE
Radiation Oncology Associates 7910 W. Jefferson Boulevard Suite 110 Fort Wayne, IN 46804 REPORT NUMBER(S) 2018001	Region III U. S. Nuclear Regulatory Commission 2443 Warrenville Road, Suite 210 Lisle, IL 60532-4352

3. DOCKET NUMBER(S)	4. LICENSE NUMBER(S)	5. DATE(S) OF INSPECTION
030-36814	13-32551-01	August 28, 2018

LICENSEE:

The inspection was an examination of the activities conducted under your license as they relate to radiation safety and to compliance with the Nuclear Regulatory Commission (NRC) rules and regulations and the conditions of your license. The inspection consisted of selective examinations of procedures and representative records, interviews with personnel, and observations by the inspector. The inspection findings are as follows:

☒ 1. Based on the inspection findings, no violations were identified.

☐ 2. Previous violation(s) closed.

☐ 3. The violations(s), specifically described to you by the inspector as non-cited violations, are not being cited because they were self-identified, non-repetitive, and corrective action was or is being taken, and the remaining criteria in the NRC Enforcement Policy, to exercise discretion, were satisfied.

_____ Non-cited violation(s) were discussed involving the following requirement(s):

☐ 4. During this inspection, certain of your activities, as described below and/or attached, were in violation of NRC requirements and are being cited in accordance with NRC Enforcement Policy. This form is a NOTICE OF VIOLATION, which may be subject to posting in accordance with 10 CFR 19.11.
(Violations and Corrective Actions)

Statement of Corrective Actions

I hereby state that, within 30 days, the actions described by me to the Inspector will be taken to correct the violations identified. This statement of corrective actions is made in accordance with the requirements of 10 CFR 2.201 (corrective steps already taken, corrective steps which will be taken, date when full compliance will be achieved). I understand that no further written response to NRC will be required, unless specifically requested.

TITLE	PRINTED NAME	SIGNATURE	DATE
LICENSEE'S REPRESENTATIVE			
NRC INSPECTOR	Jason Draper / Ryan Craffey	/RA/ /RA Craffey	8/28/18
BRANCH CHIEF	Geoffrey Warren, Acting Chief	/RA/	9/11/18

NRC FORM 591M PART 3
(07-2012)
10 CFR 2.201

U.S. NUCLEAR REGULATORY COMMISSION

Docket File Information

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6. INSPECTION PROCEDURES USED	7. INSPECTION FOCUS AREAS
87132	03.01-03.09

SUPPLEMENTAL INSPECTION INFORMATION

1. PROGRAM CODE(S)	2. PRIORITY	3. LICENSEE CONTACT	4. TELEPHONE NUMBER
02230	2	James Gordon, AMP	(260) 436-4116

☑ Main Office Inspection Next Inspection Date: 08/28/2020

☐ Field Office Inspection

☐ Temporary Job Site Inspection

PROGRAM SCOPE

This was an unannounced, routine inspection of an oncology center in Fort Wayne, IN. The licensee was located on the Lutheran Hospital of Indiana (QHG) campus (NRC License 13-01535-01). The licensee had four authorized users (AUs) and two authorized medical physicists (AMPs) who routinely performed work under the license. The licensee treated approximately 25 gynecological cancer patients per year using the HDR with tandem and ovoid, cylinder, and interstitial applicators. There were no treatments occurring at the time of the inspection.

PERFORMANCE OBSERVATIONS

The inspectors reviewed a sample of six written directives covering uses of each of the three applicators and found that the procedures were performed in accordance with the written directives. The inspectors observed HDR daily spot checks and security of the material. The inspectors also interviewed the two AMPs with respect to written directives; applicator setup and use; HDR maintenance, use, and testing; emergency procedures; and training and determined that the AMPs were knowledgeable with respect to their duties. In addition to the written directives, the inspectors also reviewed records of source receipt, HDR maintenance and testing, and dosimetry with no issues identified. The inspectors also performed independent surveys to verify dose rates outside the treatment room did not exceed regulatory limits.

There were no violations identified as a result of this inspection.

GW
9/11/18